

Ohio Campaign Finance Report 05 APR 21 PM 2: 47

| | | Prescribed by Secret | ary of State 3/05 | | 27 - 1 27 - 1 4 - 3 | | i in C | tue: | ATY DONS_ |
|---|---------------------------|--------------------------------------|-------------------------------------|------------|---------------------------|-----------|--|------|--------------|
| Full Name of Committee | | | | | | tion Num | | | |
| Jay Perez for Judge | <u>Committee</u> | | | | | | | | |
| Full Name of Candidate | | | | | | | | - | |
| Jay Gregg Perez | | | | | | | | | |
| Street Address | | - | Office Sought | | | | District | | |
| 5 E Long Street, Ste | 404 | | Judge | | | | i | | |
| City | | | | S | tate | Zip Cod | е | | |
| _ Columbus | | | | 0 | Н | 432 | 15 | | |
| Type of Report | Pre-Primary | Post-Primary | Pre-General | 1 | Post-Ge | | | Annu | al Year |
| (place X to the left of report | July | August | September | | | | | Semi | ınnual |
| type) | Monthly | Monthly | Monthly | | Termina | tion | i | 1 | |
| Amended Report? | Report El | lectronically filed? | | 1 | M | 1 | D | | Y |
| Yes ☑ No | _ [| ☐ Yes ☑ No | Date of Election | 1 | 1 | 0 | 8 | lo | 5 |
| | | <u> </u> | | | | | | | |
| For candidates only, during an election | n year: if total contribu | ations and expenditures each total S | \$500 or less during the combined p | re- and p | ost-perio | ds at one | election, | | |
| check box. No other forms are require | ed at a post-primary or | post-general period, if above state | ement applies. See R.C. 3517.10(H |) for deta | ils. | | · | | |

| \$ |
|-------------|
| 0.00 |
| \$ 3,339.02 |
| \$ 0.00 |
| \$ 3,339.02 |
| \$ 2,285.16 |
| \$ 1,053.86 |
| \$ 0.00 |
| 0.00 |
| \$ 0.00 |
| \$ 3,484.61 |
| \$ 0.00 |
| \$ 0.00 |
| \$ |
| |

| THE INFORMATION CONTAINED IN THIS | REPORT IS MADE UND | ER THE PENALTY OF | ELECTION FALSIFI | GATION. WHO | EVER | |
|---|--------------------|---------------------------------|------------------|-------------|-------|------|
| COMMITS ELECTION FALSIFICATION IS | GUILTY OF A FELONY | of the fifth de cr e | ENS. | 1 | | |
| <u>ayla Turback, Treasurer</u> | | LAUNKI | mval | | 4-20 | -05 |
| rint Name and Title (Treasurer and Deputy Treas | urer only) | Signature / | | | | Date |
| Contribution | Expenditure | 7 / [| Other | [| Total | |
| pages 6 | pages 6 | | pages 2 | | pages | 14 |
| | <u>~_~</u> | _ | | | | |

| | .7 |
|------|---------|
| Page | <u></u> |

Page Total \$

Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | |
|--|---------------|----------------------------|----------|------------|-------------|------------------|---------------|
| . | | | | | | | |
| Jay Perez for Judge Committee Full Name of Contributor | | | Dagistes | stion Num | ber, if PA | ·C | |
| Ī | | | Regisua | auon Nun | ioei, ii FA | ·C | |
| Layla Turback Street Address | Emmloyer/Open | mation/Labor Organization | | | | Form (Cash, Che | ak ata \ |
| | Employer/Occi | upation/Labor Organization | | | | ` ' | ik, etc.) |
| 562 Belvidere Ave | | | | | 1 | check | |
| City | State | Zip Code | M | D | Y | Amount | F0.00 |
| Columbus | O H | 43223 | 0 1 | 1 4 | 0 5 | <u> </u> | 50.00 |
| Full Name of Contributor | | | Registra | ation Num | ber, if PA | AC | |
| Aaron Rsoenfeld | | | | | | | |
| Street Address | Employer/Occi | upation/Labor Organization | | | | Form (Cash, Che | ck, etc.) |
| 2780 Elm Ave | | | | | T | check | |
| City | State | Zip Code | M | D | Y | Amount | 5 0.00 |
| Columbus | ОН | 43209 | 0 2 | | | <u> </u> | 50.00 |
| Full Name of Contributor | | | Registra | ation Nurr | iber, if PA | AC | |
| Rebecca Miller | | | | | | | |
| Street Address | Employer/Occi | upation/Labor Organization | | | | Form (Cash, Chee | ck, etc.) |
| 2508 Canterbury Rd | | | | | | check | |
| City | State | Zip Code | M | D | Y | Amount | |
| Columbus | OH | 43221 | 0 3 | 0 2 | 0 5 | | 50.00 |
| Full Name of Contributor | | | Registra | ation Num | ber, if PA | AC | |
| Jack D'Aurora | | | | | _ | | |
| Street Address | Employer/Occi | upation/Labor Organization | | | | Form (Cash, Chee | ck, etc.) |
| 50 W Broad St, Ste 1200 | | | | | | check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Columbus | O H | 43215 | 0 3 | 0 3 | 0 5 | | 25.00 |
| Full Name of Contributor | | | Registra | ation Nurr | ber, if PA | AC . | J |
| Cynthia Frazier-Keller | | | | | | | |
| Street Address | Employer/Occi | upation/Labor Organization | | | | Form (Cash, Chee | ck, etc.) |
| 1253 Wexford Green | | | | | | check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Columbus | O H | 43228 | 0 3 | 0 3 | 0 5 | Į. | 25.00 |
| Full Name of Contributor | | | | | ber, if PA | | - |
| Hillard Abroms | | | Í | | | | |
| Street Address | Employer/Occi | upation/Labor Organization | | | | Form (Cash, Chee | ck, etc.) |
| 753 S. Front St. | - | | | | | check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Columbus | O H | 43206 | 0 3 | 0 3 | 0 5 | | 100.00 |
| Full Name of Contributor | | | Registra | tion Nun | iber, if PA | AC . | |
| Michael Johrendt | | | | | | | |
| Street Address | Employer/Occi | upation/Labor Organization | | | | Form (Cash, Chee | ck, etc.) |
| 24 E Gay St. | ļ | | | | | check | |
| City | State | Zip Code | М | T D | Y | Amount | |
| Columbus | ОН | | 013 | 0 5 | 015 | | 250.00 |
| Full Name of Contributor | | | | | ber, if PA | C . | |
| Yuliya Turback | | | | | | | |
| Street Address | Employer/Occi | pation/Labor Organization | | | | Form (Cash, Chec | ck, etc.) |
| 373 Enfield Falls Rd | 1, | • | | | | check | • |
| City | State | Zip Code | M | D | Y | Amount | |
| Ithaca | N Y | | 1 . | 0 7 | l . | | 150.00 |
| Iuiaca | 11/ 1 | 14000 | 1010 | 101/ | 100 | <u> </u> | 100.00 |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4) 700.00

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Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Part | Name of Committee in Full | | | | | | | | |
|--|---------------------------|----------------|-----------|--------------------------|-------------|---|-------------|----------------|-------------|
| Registration Number, if PAC | | | | | | | | | |
| Lawrence Abramson Street Address Employer/Occupation/Labor Organization Form (Cath, Check, etc.) Check City State Zip Code M D V Amount Check City State Zip Code M D V Amount Check City Check Check City Check Check City Check Check City Check | | | | | Registra | ation Nu | nher if P | AC. | |
| State Address Employer/Occupation/Labor Organization | | | | | 1.00 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 41, 1 | | |
| State Zip Code M Jo N Amount Amoun | Street Address | Employ | er/Occup | ation/Labor Organization | | | | Form (Cash, Ch | eck, etc.) |
| State Zip Code M Zip Code Zip Code M Zip Code | 2511 Bryden Rd | 1 | • | · · | | | | | |
| Bexelogy | City | s | tate | Zip Code | M | D | Y | | |
| Full Name of Countbutor | Bexlev | 10 | H | | 013 | 1017 | 1015 | 1 | 50.00 |
| Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) Check | Full Name of Contributor | - | | ' | | | | | |
| 1349 E. Broad St. | Timothy Boone | | | | 1 | | | | |
| State Zip Code | Street Address | Employ | er/Occup | ation/Labor Organization | | ······································ | | Form (Cash, Ch | eck, etc.) |
| Columbus | 1349 E. Broad St. |] | | | | | | check | |
| Registration Number, if PAC Linda Rogovin | City | s | tate | Zip Code | М | D | Y | Amount | |
| City | Columbus | 0 | Н | 43205 | 0 3 | 0 9 | 0 5 | | 50.00 |
| State Address Employer/Occupation/Labor Organization State City State Zip Code May Discussion State Address State Zip Code May Discussion May | Full Name of Contributor | | | | Registr | ation Nu | mber, if Pa | AC | |
| State Zip Code M | | | | | | | | | |
| State State State Columbus State Columbus State Columbus State Columbus Colum | | Employ | er/Occup | ation/Labor Organization | _ | | | | eck, etc.) |
| Blacklick | | <u> </u> | | <u> </u> | | | | check | |
| Pull Name of Contributor Frances Amato | | . | | 1 | 1 . | 1 | 1 . | | 400.00 |
| Frances Amato | | 10 | п | 43004 | | | | | 100.00 |
| Street Address T23 Ave "M" State Zip Code M | | | | | Registr | ation Nu | nber, if P | AC | |
| State Check Chec | | T= . | | | | | | 7 (0 1 6 | |
| State Zip Code N Y 11230 | | Employ | er/Occup | ation/Labor Organization | | | | , | eck, etc.) |
| Brooklyn | | | | la: o 1 | 134 | T 8 | 1 17 | | |
| Full Name of Contributor Mark Serrott | | | | | | L . | | 1 | E0.00 |
| Mark Serrott Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) Check | | IN | | 11230 | | | | | 30.00 |
| Street Address State Zip Code M D Y Amount | | | | | Registi | ation Nu | noci, n rz | AC | |
| State Zip Code M D Y Amount | | Employ | er/Occum | ation/Labor Organization | | | | Form (Cash, Ch | eck etc.) |
| State Columbus C | | Linploy | ci, Gecup | ation Entor Organization | | | | | |
| Columbus | | s | tate | Zip Code | Тм | D | ΤΥ | | |
| Registration Number, if PAC | | 1 | | 1 - | 1 . | 1 | | 1 | 100.00 |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Full Name of Contributor | | | | | | | | 200.00 |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Geralyn Hoffman | | | | | | | | ! |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Street Address | Employ | er/Occup | ation/Labor Organization | | | | Form (Cash, Ch | eck, etc.) |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 2389 Collins Dr. | | | | | | | check | |
| Full Name of Contributor Marlowe Turback Street Address 1531 6th St, Apt. 502 City Santa Monica Full Name of Contributor Sallynda Rothchild Dennison Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) Check $A B B B B B B B B B B B B B B B B B B B$ | City | S | tate | Zip Code | М | D | Y. | | |
| | Worthington | 0 | H | 43085 | _0 _3 | 1 8 | 0 5 | | 50.00 |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Full Name of Contributor | - | | | Registr | ation Nu | nber, if P | AC | |
| 1531 6th St, Apt. 502 City Santa Monica C | Marlowe Turback | | | | <u> </u> | | | | |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Street Address | Employ | ет/Оссир | ation/Labor Organization | | | | | eck, etc.) |
| Santa Monica C A 90401 0 3 2 5 0 5 100.00 Full Name of Contributor Sallynda Rothchild Dennison Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) | 1531 6th St, Apt. 502 | <u> </u> | | | | | | | |
| Full Name of Contributor Sallynda Rothchild Dennison Street Address Employer/Occupation/Labor Organization Registration Number, if PAC Form (Cash, Check, etc.) | City | | | | | | l . | ł | 400.00 |
| Sallynda Rothchild Dennison Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) | | l C | A | 90401 | | | | | 100,00 |
| Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) | · · | | | | Registra | ation Nu | nber, if PA | AC | |
| | | | | | <u> </u> | | | | |
| 500 S. Front St, Ste 102 check | Street Address | Employ | er/Occup | ation/Labor Organization | | | | 1 | eck, etc.) |
| | | | | T | T | T = | 1 | | |
| | City | 1 _ | | | 1 . | 1 . | | 1 | 100.00 |
| Columbus O H 43215 O O O O O O O O O O O O O O O O O O O | | | | | | | | | 100.00 |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ _____600.00

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Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | |
|--|--------------|-----------|--|-----------|--|--------------|----------------------------|---------|
| Jay Perez for Judge | | | | | | | | |
| Full Name of Contributor | | | - | Registr | ation Nun | nber, if PA | , c | |
| Allen Reis | | | | Regist | uuon 11un | 1001, 11 1 1 | | |
| Street Address | Employe | r/Occup | ation/Labor Organization | ь | | | Form (Cash, Check, etc.) | |
| 3250 Knoll Dr. | | с с с цр. | | | | | check | |
| City | Sta | ıte. | Zip Code | M | D | Y | Amount | |
| Gahanna | | Н | 43230 | 0 3 | I . | I . | | 00 |
| Full Name of Contributor | <u> </u> | | 10200 | | | nber, if PA | | - |
| Marsha Pond | | | | 1 | | | | |
| Street Address | Employe | r/Occupa | ation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| 1685 Trumansburg Rd | 1 | | | | | | check | |
| City | Sta | ite | Zip Code | М | D | Y | Amount | |
| Ithaca | N | Y | 14850 | 0 3 | 3 0 | 0 5 | 200. | .00 |
| Full Name of Contributor | | | | Registr | ation Nun | nber, if PA | AC | |
| Debra Amato | | | | | | | | |
| Street Address | Employe | r/Occupa | ation/Labor Organization | | *** | | Form (Cash, Check, etc.) | |
| 117 Congress St. | | | | _ | | | check | |
| City | Sta | | Zip Code | M | D | Y | Amount | |
| Brooklyn | N | Y | 11201 | 0 4 | 0 8 | 0 5 | 250. | 00 |
| Full Name of Contributor | | | | Registr | ation Nun | nber, if PA | AC | |
| Robert Eunice | | | | | | | | |
| Street Address | Employe | r/Occupa | ation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| 1111 Twilight Dr. | | | Ta: | 1 | T = - | | check | |
| City | Sta | | Zip Code | M | D | Y | Amount 100 | ΩΩ |
| Reynoldsburg Full Name of Contributor | 0 | H_ | 43068 | 0 4 | | | | UU |
| | | | | Registr | anon Nun | nber, if PA | AC | |
| Contributions from Form 31-E | Employe | #/Oaavm | otion/Labor Organization | <u> </u> | | | Form (Cash, Check, etc.) | |
| Street Address | Employe | i/Occupa | ation/Labor Organization | | | | roini (Casii, Check, etc.) | |
| City | Sta | te | Zip Code | М | D | Y | Amount | |
| City | | iic | Zip Code | | $\begin{bmatrix} \tilde{3} \\ 0 \end{bmatrix}$ | | 739. | ი2 |
| Full Name of Contributor | | | | | | nber, if PA | | <u></u> |
| Contributions from Form 31-E | | | | | | , | | |
| Street Address | Employe | r/Occupa | ation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| | | • | - | | | | , i | |
| City | Sta | ite | Zip Code | М | D | Y | Amount | |
| | | | | 0 4 | 2 0 | 0 5 | 650.0 | .00 |
| Full Name of Contributor | | | <u> </u> | Registr | ation Nun | nber, if PA | AC | |
| | | | | | | | | |
| Street Address | Employe | r/Occupa | ation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| | | | _ | | | | | |
| City | Sta | ite | Zip Code | М | D | Y | Amount | |
| | | | | | | | | |
| Full Name of Contributor | | | | Registr | ation Nun | nber, if PA | AC | |
| | | | | | | | | |
| Street Address | Employe | r/Occupa | ation/Labor Organization | , | | | Form (Cash, Check, etc.) | |
| | | | | | | | | |
| City | Sta | ite | Zip Code | M | D | Y | Amount | |
| * Required for contributions over \$100 to statewide and general assemb | 1 | *** | | | | | lead to the d | |
| T Required for contributions over \$1(V) to statewide and general assemb | uv candidate | | INTERNITOR IS SAIT-SMIRIOUSED OCCU | manon rat | ner man e | THINIUN C | TUNGE DE HEIEN | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

appear. R.C. 3517.10(B)(4)

Page Total \$ 2,039.02

| Event Date | 03-30-05 |
|------------|----------|
| Page | 5 |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01 Name of Committee in Full Jay Perez for Judge Committee Full Name of Contributor Registration Number, if PAC Claire McCartney Employer/Occupation/Labor Organization* Amount Street Address 10.00 0 3 3 0 0 5 2323 Glendon Rd Zip Code Form(Cash,Check,etc) 44118 check University Heights Registration Number, if PAC Full Name of Contributor Robin Link Employer/Occupation/Labor Organization* Street Address 25.00 0 3 3 0 0 5 862 Ridenour Rd Form(Cash,Check,etc) City Zip Code 43230 check Columbus Η Registration Number, if PAC Full Name of Contributor Juan Miranda Employer/Occupation/Labor Organization* Street Address 0 3 3 0 0 5 100.00 176 River's Edge Way Zip Code Form(Cash,Check,etc) City 43230 Η check Gahanna Full Name of Contributor Registration Number, if PAC Hector Villarreal Employer/Occupation/Labor Organization* Y 249.51 939 E Dublin-Granville Rd 0 3 3 0 0 5 Form(Cash,Check,etc) City State Zip Code 43054 money order Columbus Full Name of Contributor Registration Number, if PAC Victor Saucedo Employer/Occupation/Labor Organization* D Amount 0 3 3 0 0 5 249.51 2670 E Dublin-Granville Rd Form(Cash,Check,etc) City Zip Code 43231 money order Columbus H Registration Number, if PAC Full Name of Contributor Eileen Paley Employer/Occupation/Labor Organization* Amount Street Address 0 3 3 0 0 5 25.00 668 Bellamy Pl. Form(Cash,Check,etc) Zip Code Columbus Η 43213 check Registration Number, if PAC Full Name of Contributor **Brad Billinger** Employer/Occupation/Labor Organization* Street Address 3 0 10.00 0 5 156 Ludney St. Form(Cash,Check,etc) City Zip Code 43215 cash Columbus

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| 730.02 | 385 12 | Page Total \$ 669.02 |
| /39.02 | | <u> </u> |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 03-30-05 |
|------------|----------|
| Page | 6 |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01 Name of Committee in Full Jay Perez for Judge Committee Full Name of Contributor Registration Number, if PAC Jason Anderson Employer/Occupation/Labor Organization* Street Address Y Amount 0 3 3 0 0 5 20.00 2419 Home Rd City State Zip Code Form(Cash,Check,etc) Delaware 43015 cash Registration Number, if PAC Full Name of Contributor Marco Aguado Employer/Occupation/Labor Organization* 0 3 3 0 0 5 10.00 35 E Gay St. Form(Cash,Check,etc) City Zip Code 43215 cash Columbus H Registration Number, if PAC Full Name of Contributor Dean Hernandez Street Address Employer/Occupation/Labor Organization* D Y 0 3 3 0 0 5 40.00 605 Tansy Lane Zip Code Form(Cash,Check,etc) 43081 H Westerville cash Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Zip Code State Form(Cash,Check,etc) City Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount Zip Code Form(Cash,Check,etc) City Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount Form(Cash,Check,etc) State Zip Code Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Amount Street Address City Zip Code Form(Cash,Check,etc)

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| in the date column. | | | |
|--------------------------------|-------------------------------|---------------|-------|
| Total contributions this event | Total expenditures this event | Page Total \$ | 70.00 |
| 739.02 | 385.12 | | |

| Event Date | 4/20/05 |
|------------|-------------|
| Page | |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Jay Perez for Judge Committee Full Name of Contributor Registration Number, if PAC William Catalano Street Address Employer/Occupation/Labor Organization* Amount 0 3 3 1 0 5 580 S. High St. 250.00 Zip Code 43215 Columbus check Registration Number, if PAC Full Name of Contributor Aaron Rosenfeld Employer/Occupation/Labor Organization* 0 4 0 7 0 5 50.00 2780 Elm Ave Zip Code Form(Cash,Check,etc) City 43209 check Columbus H Registration Number, if PAC Full Name of Contributor **Ted Barrows** Street Address Employer/Occupation/Labor Organization* 350.00 0 4 1 1 0 5 4834 Sarasota Dr. Zip Code Form(Cash.Check.etc) State 43026 check Hilliard Η Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount Form(Cash,Check,etc) City State Zip Code Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount Zip Code Form(Cash,Check,etc) City State Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization* Street Address Amount Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form(Cash,Check,etc) City Zip Code

Fill in the boxes below only on the last page for this event.

| Transfer the Total contributions for this event to form No. in the date column. | 31-A. Under Full Name of Contributor state "Contributions from | form No. 31-E" and list the date of the event |
|---|--|---|
| Total contributions this event 650.00 | Total expenditures this event 455.01 | Page Total \$650.00 |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | |
|-------------------------------|-------------------|--------|---------------------------------------|----------|--------------|----------|----------|--------|
| Jay Perez for Judge Committee | | | | | | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| MBNA America | | | | 0 3 | 3 1 | 0 5 | <u> </u> | 35.00 |
| Address | Purpose | | | | | | | |
| PO Box 15019 | Regi | | <u>com (domain name)</u> | | | | | |
| City | Stat | | Zip Code | Check N | | | | |
| Wilimington | D | _E | 19850 | | 1002 | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| MBNA America | | | | 0 3 | 3 1 | 0 5 | | 34.95 |
| Address | Purpose | | | | | | | |
| PO Box 15019 | Regi | | com (host for websit | | | | | |
| City | Stat | | Zip Code | Check N | | | | |
| Wilimington | D | _E | 19850 | | 1003 | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| MBNA America | | | | 0 3 | 3 1 | 0 5 | | 19.99 |
| Address | Purpose | | | | | | | |
| PO Box 15019 | Regi | | <u>com (website expense</u> | | | | | |
| City | Stat | | Zip Code | Check N | | | | |
| Wilimington | D | E | 19850 | | 1004 | | | |
| To Whom Paid | - | | | M | D | Y | Amount | |
| MBNA America | | | | 0 3 | 3 1 | 0 5 | [| 39.98 |
| Address | Purpose | | | | | | | |
| PO Box 15019 | Regi | ster. | com (fee for email ass | sociate | ed w | / web | osite) | |
| City | Stat | | Zip Code | Check N | | | | |
| Wilimington | | E | 19850 | | 1005 | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| MBNA America | | | | 0 3 | 3 1 | 0 5 | | 181.46 |
| Address | Purpose | | | | | | | |
| PO Box 15019 | Con | 1pUS | SA: 3749 Easton Mkt (| printi | ng st | ıpplie | es) | |
| City | Stat | | Zip Code | Check N | | | | |
| Wilimington | $D \perp$ | Ε | 19850 | | 1006 | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| MBNA America | | _ | | 0 3 | 3 1 | 0 5 | 1 | 181.41 |
| Address | Purpose | | | | - | | | |
| PO Box 15019 | Stap | les: 1 | 1747 Olentangy River | Rd (p | <u>rinti</u> | ng su | pplies) | |
| City | Stat | | Zip Code | Check N | | | | |
| Wilimington | \perp D \perp | Ε | <u> 19850 </u> | | <u> 1007</u> | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| MBNA America | | | | 0 3 | 3 1 | 0 5 | . | 44.55_ |
| Address | Purpose | | | | | | | |
| PO Box 15019 | Stap | les: 1 | 1747 Olentangy River | Rd (p | paper | , enve | elopes) | |
| City | Stat | ie | Zip Code | Check N | umber | | | |
| Wilimington | \Box D | E | 19850 | | 1008 | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| MBNA America | | | | 0 3 | 3 1 | 0 5 | | 370.00 |
| Address | Purpose | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | <u> </u> | | |
| PO Box 15019 | USP | S: 85 | 0 Twin River Dr. (pos | stage) | | | | |
| City | Stat | | Zip Code | Check N | umber | | | |
| Wilimington | ן מ | Ε | 19850 | | 1009 | | | |
| | | | | | | | | |

| Page Total \$ | 07.34 |
|---------------|-------|
|---------------|-------|



Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | |
|-------------------------------|------------------|-------------------------------------|--|---|---|----------|----------|
| Jay Perez for Judge Committee | | | 17 | - F | 177 | TA / | |
| To Whom Paid MBNA America | | | $\begin{bmatrix} M \\ 0 \end{bmatrix} 4$ | $\begin{bmatrix} 0\\0\end{bmatrix}7$ | $\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 5$ | Amount | 59.32 |
| Address | Purpose | · · · · · · · · · · · · · · · · · · | . U T | 0 / | 1010 | | <u> </u> |
| PO Box 15019 | | 1747 Olentangy River | Rd (r | oaper | , enve | elopes) | |
| City | State | Zip Code | Check N | lumber | | | |
| Wilimington | DE | 19850 | | 1014 | | | |
| To Whom Paid | | | M | D | Y | Amount | 2405 |
| MBNA America | | | $0 \mid 4$ | 0 7 | 0 5 | | 34.95 |
| Address | Purpose | and formalisate to action | ~ (~ ~) | | | | |
| PO Box 15019 | State | .com (website hosting | Check N | lumber | | | |
| ^{City} Wilimington | D E | 19850 | CHECKIN | 1015 | ı | | |
| To Whom Paid | 1 1) 1 4 | 17000 | М | D D | Y | Amount | |
| MBNA America | | | 0 4 | 0 7 | | | 34.95 |
| Address | Purpose | | <u>_</u> | <u> </u> | , 0 0 | I | - 41,70 |
| PO Box 15019 | | .com (website hosting | g fee) | | | | |
| City | State | Zip Code | Check N | | | | |
| Wilimington | $D \mid E$ | 19850 | | 1016 | | | |
| To Whom Paid | | | M | D | Y | Amount | (0.01 |
| Sign-a-Rama | In | | 0 4 | 0 5 | 0 5 | L | 62.31 |
| Address 20 F. Corr Street | Purpose | nota | | | | | |
| 39 E. Gay Street | Car magi | NETS Zip Code | Check N | lumber | | | |
| Columbus | O H | 43215 | CHECK IN | 1013 | , . | | |
| To Whom Paid | 1 () 11 | 10210 | М | D D | Y | Amount | |
| Jay Perez | | | 0 4 | 0 7 | 0 5 | | 31.15 |
| Address | Purpose | | <u> </u> | | <u> </u> | L | |
| 614 Belvidere Ave | | sement (Sign-a-Rama | - car | magr | et) | | <u> </u> |
| City | State | Zip Code | Check N | lumber | | | |
| Columbus | $O \mid H$ | 43223 | <u></u> | 1020 | _ | | |
| To Whom Paid | | | M | D | Y | Amount | 005 40 |
| Expenditures from Form 31-F | In | | 0 3 | 3 0 | 0 5 | <u>L</u> | 385.12 |
| Address | Purpose fundrais | ser 03-30-05 | | | | | |
| City | State | Zip Code | Check N | lumber | | | |
| | | | | | | | |
| To Whom Paid | | | M | D | Y | Amount | |
| Expenditures from Form 31-F | | | 0 4 | 2 0 | 0 5 | | 455.01 |
| Address | Purpose | | | | | | |
| | fundrais | ser 04-20-05 | | | | | |
| City | State | Zip Code | Check N | lumber | | | |
| | <u> </u> | | L., | | 1 37 | | |
| To Whom Paid | | | M O 4 | $\begin{bmatrix} \mathbf{D} \\ 0 \end{bmatrix} 7$ | $\begin{bmatrix} \mathbf{a} \\ 0 \end{bmatrix} 5$ | Amount | 200.00 |
| Jay Perez | Purpose | | 0 4 | <u> U /</u> | 10 3 | L | 200.00 |
| Address 614 Belivdere Ave | | t toward outstanding | deht | (31 ₋ N | ľλ | | |
| City | State | Zip Code | Check N | | · / | | |
| Columbus | OH | 43223 | | 1022 |) | | |
| Columbas | | | | | | | |

| Page Total \$ | 1.262.81 |
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|---------------|----------|



Statement of Expenditures

Prescribed by Secretary of State 2/01

| | - | | | | - | | | | |
|---|---------|--------------|-------------|--------------|------|-------|---------|-------|---------------------------------------|
| Name of Committee in Full Jay Perez for Judge Committee | | | | | | | | | |
| To Whom Paid | | | | М | | D | ٦, | Y | Amount |
| Expenditures from Form 31-F | | | | | | 1 1 | lo | 5 | |
| Address | Purpose | | er 05-11-05 | | | | <u></u> | | |
| City | | tate | Zip Code | Che | | | | | |
| | ĺ | | | | | | | | |
| To Whom Paid | | | | М | | D | 1 | Y | Amount |
| Address | Purpose | | | | | | | | |
| City | S | tate | Zip Code | Che | ck N | umber | | | |
| To Whom Paid | | ' | | М | | D | 1 | Y | Amount |
| Address | Purpose | | | | | | - | | |
| City | s | tate | Zip Code | Che | ck N | | | | |
| To Whom Paid | | | | М | | D | 1 | Y | Amount |
| Address | Ригроѕе | | | | | | | | |
| City | s | tate | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | М | | D | | Y | Amount |
| Address | Purpose | : | | | | | | | |
| City | S | tate | Zip Code | Che | ck N | umber | | | |
| To Whom Paid | | | | М | | D | , | Y | Amount |
| Address | Purpose | | | | | * | | | |
| City | S | tate | Zip Code | Che | ck N | umber | | | |
| To Whom Paid | | | | M | | D | 1 | Y | Amount |
| Address | Purpose | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| City | S | tate | Zip Code | Chee | ck N | umber | | | |
| To Whom Paid | ı Paid | | | | | D | , | Y | Amount |
| Address | Purpose | | | | | | | | |
| City | S | tate | Zip Code | Chec | ck N | umber | | | |
| | | | | | | _ | | | |

| Page Total \$ | 115.01_ |
|---------------|---------|
|---------------|---------|

| Event Date | 3/30/05 |
|------------|---------|
| Page | |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full | | | | | | | | | | |
|--|-----------------------------|----------|-------------------|--------------|---------------------------------------|-------------|-----------|--------|--|--|
| | | | | | | | | | | |
| Jay Perez for Judge Committee To Whom Paid | | | ····· | М | T 5 | Τv | Amount | | | |
| | | | | | D | Y | 1 | 242.00 | | |
| Zola Dining Lounge | Purpose | <u> </u> | | 10 3 | 3 3 0 | 10 5 | | 342.00 | | |
| 782 N. High Street | | I, drin | ike | | | | | | | |
| City | | tate | Zip Code | Check Number | | | | | | |
| Columbus | 0 | H | 43215 | | 1001 | | | | | |
| To Whom Paid | 10 | | | M | D | Y | Amount | | | |
| MBNA America | | | | 0 3 | 3 3 0 | 0 5 | | 43.12 | | |
| Address | Purpose | | | 1 - 1 | | | | | | |
| PO Box 15019 | Stap | les: 1' | 747 Olentangy Riv | ver Rd | (nam | e labl | les, mark | ers) | | |
| City | | tate | Zip Code | | Number | | | | | |
| Wilmington | D | E | 19850 | | 1012 | 2 | | | | |
| To Whom Paid | | | | M | D | Y | Amount | | | |
| | | | | | | | | | | |
| Address | Purpose | , | | | _ | | | | | |
| | | | | | | | | | | |
| City | State Zip Code Check Number | | | | | | | | | |
| m with principles | <u> </u> | <u></u> | | | | | | | | |
| To Whom Paid | | | | М | D | Y | Amount | | | |
| Address | Purpose | | | | <u> </u> | | <u> </u> | | | |
| Autros | I urpose | • | | | | | | | | |
| City | | tate | Zip Code | Check | Number | | 1 | | | |
| | | | | Chica | · · · · · · · · · · · · · · · · · · · | | | | | |
| To Whom Paid | | | | M | D | ΙΥ | Amount | _ | | |
| | | | | | | | | | | |
| Address | Purpose | | | 1 | | | <u> </u> | | | |
| | İ | | | | | | | | | |
| City | S | tate | Zip Code | Check | Number | | | | | |
| | | | | | | | | | | |
| To Whom Paid | | | | М | D | Y | Amount | | | |
| | | | | | | | | | | |
| Address | Purpose | | | | | | | | | |
| | | | | | | | | | | |
| City | St | tate | Zip Code | Check 1 | Number | | | | | |
| | <u> </u> | | | <u> </u> | | | | | | |
| To Whom Paid | | | | M | D | Y | Amount | | | |
| | | | | | | | <u> </u> | ····· | | |
| Address | Purpose | | | | | | | | | |
| C: | | | la: a | Ta | | | | | | |
| City | 51 | tate | Zip Code | Check | Number | | | | | |
| | | | | | | | | | | |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

| 385.12 |
|--------|
| |

| Event Date | 4/20/05 |
|------------|---------|
| Page _ | 2 |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full | | | | | | | |
|-------------------------------|----------|--------------------|----------|----------|---------|-----------|--------|
| Jay Perez for Judge Committee | | | | | | | |
| To Whom Paid | | | M | D | Y | Amount | |
| Due Amici | | | 0 3 | 2 4 | 0 5 | | 250.00 |
| Address | Purpose | | | | | | |
| 67 E. Gay Street | Deposit | for 4-20-05 fundra | aiser | | | | |
| City | State | Zip Code | Check 1 | Number | | | |
| Columbus | ОН | 43215 | | 1000 | | | |
| To Whom Paid | | | M | D | Y | Amount | |
| MBNA America | | | 0 3 | 3 1 | 0 5 | | 32.02 |
| Address | Purpose | | | <u> </u> | | | |
| PO Box 15019 | Staples: | 1747 Olentangy R | iver Rd | (pape | er for | invitatio | ons) |
| City | State | Zip Code | Check 1 | | | | |
| Wilimington | DE | 19850 | | 1010 | | | |
| To Whom Paid | ן ט ב | 17000 | M | D | Y | Amount | |
| MBNA America | | | 0 3 | 3 1 | 0 5 | | 148.00 |
| Address | Purpose | | 10 3 | 0 1 | 10 3 | l | 140.00 |
| | 1 ' | 0 Twin River Dr. | Incetag | ·a) | | | |
| PO Box 15019 | State | Zip Code | | Number | | | |
| City IAZ:Limpin at on | | 19850 | Cilcon ! | 1011 | | | |
| Wilimington To Whom Paid | D E | 19000 | M | I D | Y | Amount | |
| | | | | 1 | 0 5 | 7 imount | 24.99 |
| MBNA America | Dimens | | 0 4 | 0 7 | 0 3 | <u> </u> | 24.33 |
| Address | Purpose | 717 Olambara D | D.1 | / | (: | | |
| PO Box 15019 | | 717 Olentangy R | | | r ior i | nvitatio | ns) |
| City | State | Zip Code | Check | Number | , | | |
| Wilimington | DE | 19850 | | 1017 | T | | |
| To Whom Paid | | | M | D | Y | Amount | |
| | | | | | | <u> </u> | |
| Address | Purpose | | | | | | |
| | | | | | | | |
| City | State | Zip Code | Check 1 | Number | | | |
| | | | | | | | |
| To Whom Paid | | | M | D | Y | Amount | |
| | | | | | | | |
| Address | Purpose | | | | | | |
| | | | | | | | |
| City | State | Zip Code | Check 1 | Number | | | |
| | | | | | | | |
| To Whom Paid | | <u> </u> | М | D | Y | Amount | |
| , | | | 1 | | | | |
| Address | Purpose | | | | 1 | | |
| | | | | | | | |
| City | State | Zip Code | Check | Number | | | |
| City | | | | | | | |
| | | | | | | | |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

| Page Total \$ | 455.01 |
|---------------|--------|
|---------------|--------|

| Event Date | 5-11-05 |
|------------|---------|
| Page | 13 |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full | | | | | | | | |
|-------------------------------|-----------------|------|--|---------|---------|----------|-------------|---------------|
| Jay Perez for Judge Committee | | | | | | | | |
| To Whom Paid | | | | М | D | Y | Amount | |
| MBNA America | | | | 0 4 | 0 7 | 0 5 | | 115.01 |
| Address | Purpose | | | _ | | | | |
| PO Box 15019 | Brow | ncor | Int. 5211 S. 3rd, | Milwat | ıkee, ' | WI (b | oxes) | |
| City | Sta | | Zip Code | Check 1 | Number | | | |
| Wilimington | D | E | 19850 | | 1018 | | | |
| To Whom Paid | . — | | | M | D | Y | Amount | |
| | | | | 1 1 | 1 1 | | ļ | |
| Address | Purpose | | *** | | | | | |
| | | | | | | | | |
| City | Sta | ite | Zip Code | Check l | Number | | | |
| | | | | | | | | |
| To Whom Paid | | | | М | D | Y | Amount | |
| · | | | | | | | | |
| Address | Purpose | | | - | | | | |
| | l | | | | | | | |
| City | Sta | ite | Zip Code | Check 1 | Number | | | |
| · | | | | | | | | |
| To Whom Paid | ! | | | М | D | Y | Amount | |
| | | | | | | | | |
| Address | Purpose | | ************************************** | | <u></u> | | · | *= * · |
| | ' | | | | | | | |
| City | Sta | ıte | Zip Code | Check 1 | Number | | | |
| | | | · | | | | | |
| To Whom Paid | | | l sales | М | D | Y | Amount | |
| | | | | | | | | |
| Address | Purpose Purpose | | | | | <u> </u> | | |
| 11441000 | 1 | | | | | | | |
| City | State Zip Code | | | Check 1 | Number | | | |
| | | | ' | | | | | |
| To Whom Paid | | | | М | D | Ý | Amount | |
| 10 Whom I and | | | | | l i | | | |
| Address | Purpose | | | | | | ł | |
| Address | l' aipose | | | | | | | |
| Cit. | Str | ate | Zip Code | Check 1 | Number | | | |
| City | 34 | acc | Zip Code | Check | Tunner | | | |
| | | | | М | D | Y | Amount | |
| To Whom Paid | | | | " | | | - moult | |
| | Dumas | | | | | | <u> </u> | |
| Address | Purpose | | | | | | | |
| | | | 7:- C-4- | Charles | Number | | | |
| City | Sta | ate | Zip Code | Cneck | MINDEL | | | |
| | | | | | | | | |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ ____115.01_

Total Outstanding Balance \$

Statement of Outstanding Debts

| Prescribed by Secretary of State 2/01 | | | | | | | | | | |
|--|----------|--------------------|------------|---|----|------------|--------|-----|----------|------------------------------|
| Full Name of Committee | | | | | | | | | | |
| Jay Perez for Judge | | | | | T | D: A | | | | IA. Y |
| To Whom Owed | | | | | ľ | Prior An | nount | | 0.00 | Amt. Incurred this Period |
| Jay Perez Address | | | | | - | Item or P | urnose | | 0.00 | 1,931.71 Outstanding Balance |
| 614 Belvidere Ave | | | | | ľ | | | | sup. | 1,731.71 |
| City | State | Zip C | ode | ; | ╅ | PIH | | ~ | | <u> </u> |
| Columbus | ОН | [4 | 132 | 223 | ļ | | Dat | | yments | Made This Period Amount |
| , Date Debt was originally incurred | M | D | | Y | | M | D | 1 | Y | \$ |
| Registration Number, if PAC | 0 1 | 0 | 6 | 0 . | 5 | 0 4 M | 0 D | 7 | 0 5 Y | 200.00 |
| Registration Number, in FAC | | | | | ĺ | | | | | |
| | | | | | | M | D | | Y | |
| | | | | | Ę | D-i A | | | | Amt. Incurred this Period |
| To Whom Owed | | | | | ľ | Prior An | ilount | | 0.00 | |
| Jay Perez Address | | | | | _ | Item or P | urnose | | 0.00 | 1,752.90 Outstanding Balance |
| 614 Belvidere Ave | | | | | | | | | | 1,752.90 |
| City | State | Zip C | ode | ; | 1 | | | | | Made This Period |
| Columbus | ОН | [4 | 132 | 223 | | | Amount | | | |
| Date Debt was originally Incurred | м 0 4 | 0 | 6 | $\begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix}$ | 5 | M | D | | Y | \$ |
| Registration Number, if PAC | | 101 | <u>~</u> 1 | | 1 | M | D | - | Y | |
| | | | | | | | | _ | | |
| | | | | | | M | D | | Y | Ì |
| To Whom Owed | | | | | ą, | Prior An | nount | | | Amt. Incurred this Period |
| 16 whom Owed | | | | | ľ | I IIQI AII | ilount | | | Ann. moured dis renou |
| Address | | | | - | Ī | Item or P | urpose | for | r Debt | Outstanding Balance |
| City | State | Žip C | `ode | | 4 | | | _ | | |
| Chy | | | 000 | | l | | Dat | - | yments I | Made This Period Amount |
| Date Debt was originally Incurred | М | D | \neg | Y | 1 | M | D | | Y | \$ |
| | L | $oldsymbol{\perp}$ | Ц | | 4 | <u> </u> | D | _ | Y | |
| Registration Number, if PAC | | | | | | M | | | Y | |
| | | | | | ď | М | D | - | Y | |
| | | | | | | | | | | |
| If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J | | | | | | | | | | |

| If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B) Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page. | | | | | | | | |
|---|--------|----------------------------|--|--|--|--|--|--|
| Total Payments this Period \$ | 200.00 | (also record on Form 31-B) | | | | | | |

3,484.61 (also record on cover page)